



Mail to:
Summer USA Stores, Inc
P.O. Box 504
Lake Ozark, MO 65049

Or drop off at any Summer USA store location.

APPLICATION FOR EMPLOYMENT

NAME _____ DATE _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE NUMBER _____ CELL NUMBER _____

AGE (OPTIONAL) _____ DOB (OPTIONAL) _____ SSN _____

DATE YOU CAN START _____ Wage DESIRED _____

MOTHER'S NAME _____ MOTHER'S OCCUPATION _____

FATHER'S NAME _____ FATHER'S OCCUPATION _____

ARE YOU CURRENTLY IN SCHOOL? _____

IF YES, WHAT SCHOOL DO YOU ATTEND? _____ GRADE _____

WHEN DO YOU PLAN TO GRADUATE? _____ WHAT IS YOUR GPA? _____

WHAT IS YOUR MAIN AREA OF STUDY? _____

WHAT ARE YOUR HOBBIES? _____

DO YOU HAVE RETAIL STORE EXPERIENCE? _____

IF YES, WHERE? _____ DATES _____

ARE YOU CURRENTLY EMPLOYED? _____

IF YES, WHERE? _____

HOW LONG HAVE YOU WORKED THERE? _____

WHAT ARE YOUR DUITES THERE? _____

(CONTINUED ON OTHER SIDE)

LIST YOUR LAST THREE
EMPLOYERS _____

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

WILL YOU BE RETURNING TO SCHOOL THIS FALL? _____

IF YES, WHERE? _____

WHEN DO CLASSES BEGIN? _____

WHAT IS THE LAST DATE YOU CAN WORK? _____

WILL YOU BE AVAILABLE TO WORK MAY 23-26, 2008? _____

WILL YOU BE AVAILABLE TO WORK JULY 1-6, 2008? _____

WILL YOU BE AVAILABLE TO WORK AUGUST 29 - SEPTEMBER 1, 2008? _____

DO YOU HAVE ANY EVENTS PLANNED THIS SUMMER THAT WOULD
REQUIRE YOU TO MISS WORK FOR MORE THAN THREE
CONSECUTIVE DAYS? _____

IF YES, WHEN? _____

DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO AND FROM
WORK? _____

DO YOU USE TOBACCO PRODUCTS? _____

WILL YOU AGREE TO BE TESTED FOR THE USE OF ILLEGAL DRUGS? _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE,
AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE
DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE
TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE
COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE
TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE COMPANY'S
OPTION.

DATE _____ SIGNATURE _____